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## APPLICANTS

Michael E. Hawkins, Columbia City, IN;

\*\* CONTINUING DATA \*\*\*\*\* None. OK. AR 4/14/06

\*\* FOREIGN APPLICATIONS \*\*\*\*\* None. OK. AR 4/14/06

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/13/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IN	SHEETS DRAWING 2	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature: <i>Amuradhis Ramana</i> Initials: <i>AR</i>				

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## TITLE

Multipart component for an orthopaedic implant

FILING FEE  RECEIVED 788	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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